

UK COVID-19 INQUIRY

**WITNESS STATEMENT OF NAOMI FULOP, COVID-19 BEREAVED FAMILIES FOR
JUSTICE UK: Module 7**

I, Professor Naomi Fulop, will say as follows

1. I am a Professor of Health Care Organisation and Management with a professional background in social sciences and public health and a member of Covid-19 Bereaved Families for Justice UK ("CBFFJ UK"). During the pandemic, I led one of the national evaluations of Covid virtual wards (also known as Covid oximetry at home), which were referred to by Dr Stephen Powis, Medical Director, NHS England in his statement to Module 3.
2. I joined CBFFJ UK following the death of my 94-year-old mother who died from Covid-19 on 8 January 2021. I joined the Board of Directors in July 2022.
3. Broudie Jackson Canter has received a Request for Evidence under Rule 9 of the Inquiry Rules 2006 for the attention of CBFFJ UK.
4. As the Inquiry is aware, the goal of CBFFJ UK and its members, is to establish the truth of what happened to their loved ones and others, to ensure accountability and to learn lessons to prevent future deaths.
5. This statement is structured in a way that seeks to outline the views and experiences of CBFFJ UK and its membership.

Description of CBFFJ UK

6. CBFFJ UK is an organisation of approximately 7000 members, all of whom have lost a loved one to Covid-19. Founded in March 2020, its primary aim is to ensure lessons are learned from the pandemic to prevent further loss of life.
7. CBFFJ UK is a nationwide organisation with members in every UK nation. It continues to campaign for and engage with devolved inquiries into the handling of the pandemic.
8. The organisation played a pivotal role in securing the Covid-19 Inquiry and has continuously fought for transparency and change. It has campaigned for improved bereavement support, financial support for those affected, and policy reviews to prevent avoidable mistakes from being repeated. CBFFJ UK also empowers its members to hold the Government and public bodies to account to ensure such tragedies are not repeated.
9. CBFFJ UK created the National Covid Memorial Wall, which, along with its online groups, has provided comfort and community for those who have lost the most to Covid-19. It continues to advocate for the memorialisation of the pandemic across the UK.
10. Covid-19 has impacted every corner of society, and as a result, CBFFJ UK's membership reflects a broad demographic, united by a shared determination to ensure lessons are learned and lives are saved – both now and in future pandemics.

My mother, Christina Fulop

11. My mother was a remarkable woman who broke glass ceilings before they were known as such. She came from a working-class family in East London, where she won a scholarship to a prestigious school. Unfortunately, due to the circumstances of the Second World War, she was unable to take up this scholarship and had to leave school at 14. However, my mother was determined to continue with her education and attended evening classes, walking to them throughout the blackouts. It was whilst she was at evening classes that she met my father, Walter, who had arrived in London three years earlier as a refugee from the Nazis on the Kindertransport. They were to be married for 69 years.

12. After achieving her qualifications that would be today's A level equivalent, Christina studied for a degree at the London School of Economics and in later years went on to gain a PhD at Brunel University. Her successful career culminated in being appointed Professor of Marketing at London Guildhall University and then City University Business School.
13. During the 1960s and 70s, she combined her professional career with raising three children while always supporting us in our endeavours and later loved being a grandmother.

Impact of the pandemic on my mother

14. At the start of the pandemic, my mother lived alone, supported by wonderful dedicated domiciliary carers who visited her three times a day. However, they did not have adequate PPE. Throughout March and April 2020, they had no masks at all. In early May, the care agency sent my mum 21 masks; the idea being that she would distribute one to each carer upon arrival. By the end of that week, the agency stopped providing masks altogether, instead issuing carers with just one flimsy medical mask per eight-hour shift. When I questioned this, the agency stated they were following PHE policy. I feared my mum was a 'sitting duck' for Covid-19.
15. Unfortunately, I was unable to visit my mother over Christmas 2020 due to lockdown restrictions. In fact, I had not seen her in person since the end of September, as I was trying to protect her. Looking back, I realise she began showing symptoms of Covid-19 on New Year's Day. A few days later, on Monday 4th January, her carers arrived in the morning to find her extremely unwell. They called an ambulance, but when the paramedics arrived, they said they would not take her to hospital. They stated that they had recently transported another patient who then had to wait seven hours in the back of the ambulance before being seen.
16. When the carers came back the next day, my mother was unresponsive. They immediately called an ambulance, and this time, she was taken to hospital, where it was confirmed that she had Covid-19. She received some treatment before being moved to end-of-life care late on Thursday 7 January. We were told that visits were only permitted when she was nearing the end of her life – and even then, only one of us could be there (I have two siblings). Tragically, my mother passed away during the night of 8 January 2021 before we could reach her. A week later, a letter arrived at her home

inviting her to get vaccinated. She never received the protection she needed, and we never had the chance to be together as a family again.

Lack of effective Test, Trace, Isolate and Support (TTIS) Programme

17. I believe an effective TTIS programme could have played a crucial role in protecting my mother from contracting Covid-19. At the time, her domiciliary carers had inadequate access to testing and, even more concerning, lacked the financial and practical support needed to isolate when necessary. The financial and practical barriers to isolation are discussed further in the 'Ethics and Financial Support' section of this statement.

18. As the Module 1 report published in July 2024 states:

“There was a damaging absence of focus on the measures, interventions and infrastructure required in the event of a pandemic – in particular, a system that could be scaled up to test, trace and isolate...” (p.3)

19. During summer 2020, I had hoped that the Government would learn lessons from the first wave in order to prepare for winter 2020/2021 and the very likely second wave. Expert advice, including from the Academy of Medical Sciences **NF-7/01 [INQ000475107]**, contained well-evidenced recommendations on the expansion of Test, Trace and Isolate (TTI):

“TTI is unlikely to prevent a winter resurgence in SARS-CoV2 alone, but can play an important role as part of a wider package of effective nonpharmaceutical interventions, as highlighted by modelling exercises and experience in countries including South Korea, New Zealand and Iceland.”(p.36)

20. The report emphasises the importance of speed to rapidly obtain test results and to find and isolate contacts before they become infectious, stating:

“While tracking apps have played a role in several TTI systems, traditional contact tracing is likely to be at the core of any successful implementation.” (p.36)

21. Unfortunately, these recommendations were ignored, with disastrous consequences. Instead of building on local public health systems with expertise in tracing and isolating, the Government created an entirely new TTI system from scratch – placing excessive reliance on a tracking app.
22. Local authority public health workers were better placed to manage track, trace, and isolate efforts than Matt Hancock and Dido Harding, yet they were side-lined. With adequate funding, existing public health systems could have been scaled up at a lower cost and with greater efficiency. Instead, billions were spent on training staff on a system that has now been widely recognised as a failure. The Public Accounts Committee aptly described TTI as “muddled, overstated, eye-wateringly expensive.” **NF-7/02 [INQ000475108]**.

CBFFJ UK’s concerns in relation to Test, Trace and Isolate (TTI)

23. Given the broad membership of CBFFJ UK, the experiences and perspectives on the TTI system are diverse, reflecting a range of interactions with the programme. While necessarily brief, this statement provides an overview of the most pressing concerns members have voiced, underscoring areas where they feel the TTI system fell short. The absence of ‘support’ in the system is of particular concern.
24. CBFFJ UK has also emphasised the importance of testing in articles published in The Independent **NF-7/03 [INQ000516936]** and The Guardian **NF-7/04 [INQ000516939]**.

A. The UK compared with other countries

25. CBFFJ UK members have serious concerns about the UK’s slow response in expanding widespread testing capacity, particularly in comparison to countries like South Korea and Germany.
26. Despite having a similar population size and wealth level, South Korea rapidly scaled its testing capabilities in response to the pandemic, setting an early example of how a proactive testing strategy should look **NF-7/04a [INQ000576020]** and **NF-7/04b [INQ000576021]** (pg 159).

27. By March 2020, South Korea had conducted five times as many tests as the UK.

CBFFJ UK members feel that this failure to act swiftly represented a lost opportunity to manage the virus's spread more effectively and prevent avoidable harm **NF-7/04c**

INQ000576022 and **NF-7/04d** **INQ000576023** (pg 2). As one of our members, Kathryn

De Prudhoe says:

"My dad tragically passed away on 14 April 2020, months before the development of the Test and Trace app and before community testing was available. Without a doubt, the delay on Test, Trace and Isolate has had horrible consequences for my family."

28. The significant difference in mortality rates between the UK and South Korea starkly highlights these concerns.

29. South Korea's approach demonstrates the broader benefits of early and decisive action. Its investment in testing capacity, coupled with non-pharmaceutical interventions, helped maintain lower infection rates while avoiding prolonged lockdowns - placing it in a stronger position both economically and in terms of public health **NF-7/04e** **INQ000587240** (pg 12-13).

30. Similarly, Germany's response included early contact isolation and quarantine measures following the first recorded outbreak in Bavaria in late January 2020 **NF-7/04f** **INQ000576052** (pg 4) and **NF-7/04g** **INQ000576026** (pg 921-922). A British Medical Journal (BMJ) article in June 2020 **NF-7/05** **INQ000516937** credited Germany's combination of widespread testing, contact tracing and quarantine for its relative success in reducing the incidence of Covid-19, as well as both Covid-19 specific and excess deaths compared to other countries, including the UK.

31. It was also noted that Germany built on its existing local infrastructure to get ahead of the Covid-19 pandemic, which may be contrasted with the UK's slow response. The families believe that investment in existing infrastructure and local authority public health workers in TTI systems would have yielded more efficient and effective outcomes.

B: The lack of preparedness

32. CBFFJ UK members are deeply concerned about the UK's lack of preparedness at the outset of the Covid-19 pandemic, particularly in areas relevant to this module such as laboratory capacity, manufacturing capabilities, and supply logistics for testing. Families view these as fundamental, systemic failings rather than abstract criticisms.
33. It is my firm belief, and that of CBFFJ UK, that the UK was not adequately prepared for the pandemic in regard to TTI and support (TTIS). Had an effective TTIS programme been in place, it could have played a vital role in protecting my mother by ensuring her domiciliary carers were regularly tested and supported to isolate if needed, preventing them from unwittingly transmitting Covid-19 to her.
34. Like many families, my mother's case is a tragic example of an inadequate TTIS system - one that failed both care workers and those they were looking after.
35. My mother died during the second wave, and I believe that summer 2020 was a missed opportunity to implement the TTIS system by learning from the first wave.
36. It is clear to see that the nation's laboratory infrastructure was unprepared to handle the influx of tests required, and delays and capacity shortages left families anxious about the safety of their loved ones and the reliability of the system.
37. Manufacturing capabilities were similarly inadequate. As cases surged, this lack of manufacturing readiness led to delays in access to testing resources, forcing individuals to wait long periods before securing tests. One of CBFFJ UK's members is Cleo Scrivener, who says:

"My mum Sandra started feeling unwell on 10 December 2020. She had a very low immune system, so I was used to her feeling unwell many times throughout the year. However, as her health declined further than expected she decided to get a Covid test on the 14th. There were no lateral flow tests readily available for home usage at this time, so my stepfather who lived with her and was also ill with similar symptoms, had to drive them to a local carpark testing centre. On the 16 December 2020, my mum and stepdad both received an NHS text message saying that they were positive for Coronavirus."

38. Supply logistics also posed critical challenges, with families expressing frustration at how access to testing varied based on location. CBFFJ UK member, Professor Erica Fudge, states as follows:

“My mother contacted Test and Trace around 2 November 2020, however they refused to send her any tests as they felt that my mother and father’s symptoms were not related to Covid. I do not believe that there were any testing sites in Wokingham, Berkshire at the time so there was nowhere they could go to get tested as an alternative.”

39. Professor Erica Fudge’s experience also highlights the impractical, poorly thought through nature of matters – namely how the fact of it being a weekend further delayed testing. She says:

“The tests were eventually sent out and received by my parents on Saturday 7 November 2020. As this was the weekend, my parents again experienced a delay as there was only a limited time between taking the test and it being received by the testing agency. My parents had to wait another couple of days for the post to resume and had planned to take the tests on Monday 9 November 2020 so they could be posted immediately.”

40. These issues led to inconsistencies in test availability, and at times, even the language used could influence whether someone received access to a potentially life-saving test. Professor Erica Fudge, recounted as follows:

“In my parent’s instance they were denied a test because they were suffering from a chesty rather than a dry cough which was the only accepted type of cough appearing to warrant a suspected Covid case.”

41. Professor Fudge, whose father died on 14 November 2020, firmly believes that, had the tests been sent out on 2 November 2020 when they were first requested, he could have survived. His rapid decline meant that it was too late for him to be treated by the time that the tests had arrived (Saturday 7 November). Furthermore, the postal return system prevented them from taking and returning the tests over the weekend period.

42. Put plainly, CBFFJ UK members are of the view that the Government's response was reactive rather than proactive – a symptom of a stark failure to prepare for a large-scale public health emergency.
43. CBFFJ UK member Kathryn De Prudhoe's experience illustrates the lack of proactivity that existed. Both of her parents primarily lived in the South of France when the pandemic began. While her mother was already in the UK on a routine visit, her father flew in to join them as planned, arriving on 13 March 2020. She recalls:

"At no point did he say there was anyone tracking his movements, and there was no testing in airports at this time. He was free to go about his business, continuing life as normal for 10 days before the Government put us into a national lockdown. This was despite the Government having had information that the virus was widespread in the UK on 12 March 2020, which was not yet disclosed to the public."

44. After reuniting with the family, they spent the weekend together just before lockdown was announced. Shortly afterward, she began experiencing Covid-19 symptoms, followed by her parents. While she and her mother recovered, her father's condition worsened, and by the time he was admitted to hospital on 11 April 2020, he had already suffered a heart attack and a bleed on the brain. He tested positive but tragically passed away on 14 April 2020, months before the Test and Trace app or community testing were available.

45. Reflecting on this, Kathryn states:

"When my dad arrived in the UK, there were no containment policies, no testing, no tracing, and no isolation guidance in place. The Government allowed the virus to spread freely, and by the time they put us into lockdown, it was too late."

46. She believes that delays in establishing the TTI system directly contributed to her father's death.

C: Nosocomial infection and care home testing

47. CBFFJ UK members report multiple instances where inadequate testing in hospitals and care homes resulted in the unnecessary spread of Covid-19, leading to preventable

deaths. These failures stemmed from a lack of pandemic preparedness, insufficient hospital testing, and limited access to PPE for frontline healthcare workers.

48. In some cases, members report that their loved ones were denied Covid-19 tests in hospital because PHE guidance at the time restricted testing to symptomatic patients. This meant that those who were asymptomatic or had atypical symptoms were not tested, allowing the virus to spread undetected.
49. The consequences of these failures were devastating. Silvia Ferro's father, Pasqualino Ferro, contracted Covid-19 while in hospital. During his stay, patients were frequently moved between different wards and, crucially, around him. His family believes that this constant movement was the source of his infection.
50. In some cases, members recall that even after testing positive for Covid-19, their loved ones were not isolated from other patients - likely due to bed shortages - yet another consequence of inadequate preparedness.
51. The risks extended beyond hospitals. Many CBFFJ UK members lost loved ones in care homes due to flawed discharge policies. Patients were transferred from hospitals to care homes without proper Covid-19 testing, allowing the virus to spread among highly vulnerable residents. The lack of robust infection control measures meant that care home residents, many of whom were already at high risk, were exposed to the virus without protection.

D: Ethics and financial support

52. CBFFJ UK members strongly believe that testing prioritisation was neither fair nor transparent. Those in high-risk roles, such as care workers and public-facing employees, should have had ready access to testing. Instead, the failure to prioritise these individuals not only endangered them, but **also** undermined broader efforts to contain the virus.
53. Beyond testing access, CBFFJ UK members are deeply troubled by the absence of financial and practical support for those required to isolate. Many individuals, particularly those in low-paid or precarious work, were left with an impossible choice: isolate and lose income or continue working while potentially spreading the virus.

54. This raises serious ethical concerns, given the disproportionate impact on marginalised communities and those in insecure employment. Many frontline workers, including care workers, nurses, and delivery drivers, were employed on zero-hours contracts or through agencies, leaving them without sick pay, fewer rights, and endemic low wages **NF-7/06 [INQ000516938]**. Without financial support, many were forced to continue working while unwell or at risk of exposure, leading to avoidable deaths.
55. The financial pressures faced by workers had tragic consequences. Karen, a CBFFJ UK member, says her husband worked as a maintenance engineer at a company where staff were dismissed if they had more than two absences a year. As a result, a colleague awaiting the results of a PCR test felt too afraid to isolate and instead attended work. With minimal social distancing measures in place, Karen's husband was exposed to the virus. Despite being advised to shield due to his underlying health conditions, he feared the financial consequences of taking time off and continued working. He later contracted Covid-19 and tragically died on 8 February 2021.
56. The lack of financial protections fundamentally undermined the effectiveness of the Test, Trace and Isolate system, leaving many unable to isolate safely. Had adequate financial support been in place, many lives could have been saved.
57. The lack of financial protection, I have no doubt, made it harder for my mother's carers and others to self-isolate when they had Covid-19. CBFFJ UK continues to advocate for a robust TTIS system in which financial and practical support for isolation is a core component, ensuring that no one is forced to choose between their health and their livelihood.

E: Efficacy of tests

58. CBFFJ UK members reported first-hand experiences where Covid-19 tests failed to provide accurate results. Some individuals who exhibited clear Covid-19 symptoms or had known exposure consistently received negative results from rapid tests, only to later be diagnosed with the virus. Such inconsistent results left many questioning the

dependability of these tests, particularly when accurate diagnosis was crucial for isolation decisions and preventing further spread.

59. A CBFFJ UK member Saila Ahmed lost her husband, Dr Irfan Halim, who worked on Covid-19 wards as a doctor and tested himself daily. Despite showing symptoms and ultimately having Covid-19, his tests consistently returned negative results.

60. Another CBFFJ UK member shared a similar experience where repeated negative tests failed to detect the virus, with tragic consequences that ultimately led to the individual's loved one passing away.

61. CBFFJ UK members also highlight serious issues with tests that were sent off to labs for processing. For example, some tests were lost or delayed, leading to prolonged uncertainty for individuals awaiting results. This lag not only increased the risk of undetected transmission but also created stress for families attempting to protect vulnerable loved ones. This mismanagement of test samples within the system left families feeling that the Government had not established an efficient, reliable process to handle the volume of tests necessary.

62. One of our members, Elaine Seaton, says as follows:

“The test centre said that we would receive our results within 2-3 days but 3 days later we were still awaiting our results. I would call on a daily basis to enquire about the status of our results but still I heard nothing.

After 7 days I was extremely frustrated and called 111 for answers. It was then I was told that test and trace had lost our test results. I was utterly shocked. They made no suggestions or alternative arrangements to make up for them losing our test results. There was no effort to remedy this and instead left us with nowhere to turn. I feel that both Test and Trace and the 111 service did not know what they were doing and were completely overwhelmed.”

63. Our families also highlight clear gaps in the system. For example, one of our members, Jackie Lancaster, details the perplexing approach taken toward linking reported positive results, particularly in how cases involving healthcare workers were managed. She says:

“My husband Stephen’s birthday was the following day on the 13 January, he was turning 65 years old. Then on the 14 January the doctor I had worked with on the 12th texted me to say she had tested positive for Covid. I immediately informed my sister who had visited us in order to drop off Stephen’s present and we all isolated (my husband and I together).

I began to feel unwell 4 to 5 days later. I booked appointments for myself and my husband so we could take tests at a drive through centre near our home. I tested positive myself, however my husband tested negative despite also being unwell. We registered the results with test and trace and continued to isolate. I made sure to mention to the test and trace person on the phone that I had got the infection from a doctor at work. I asked them if my result could be tied to her positive test. He replied by saying that doctors didn’t need to be part of the test and trace, which I thought was ridiculous as we had seen so many patients on 12 January.”

64. Another member, Stuart Wright, who lost his father, detailed a similar experience highlighting the inability of Test and Trace to link positive cases to specific events, even in situations involving confirmed outbreaks. His father had attended a charity event where multiple people, including two of his father’s friends, later tested positive and passed away. Stuart shared:

“We were told that Test and Trace were unable to trace positive cases and link them to one singular event. This made us call into question, what actually is the point of the app and the venue alerts and what use did it serve if there was an outbreak at a venue?”

F: The older population

65. Many older individuals relied on basic mobile phones or landlines and were unaccustomed to using apps or online platforms, which were integral to accessing Covid-19 testing, guidance, and support. This created an additional barrier, leaving some of the most at-risk members of society unable to fully benefit from vital protective measures. Without alternative, easily accessible options - many were effectively excluded from the very services designed to keep them safe.

Statement of truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

Signed:

Dated: 28th March 2025